



To:
Membership Department
Malaysian Institute of Accountants
Dewan Akauntan, No. 2, Jalan Tun Sambanthan 3, Brickfields, 50470 Kuala Lumpur.
Tel No: 03-22799200 Fax No: 03-22799386
Email: memberfirm@mia.org.my

We wish to make a request for the following information:

INDIVIDUAL MEMBERS

Full Name (as in IC): _____ Membership No: _____

Information on:

- Whether registered with the Malaysian Institute of Accountants.
- Category of membership
- Membership number
- Date of admission to the Malaysian Institute of Accountants.
- Whether sole proprietor or partner of member firm/s
- Name of member firm/s attached to
- Address and contact number of member firm/s attached to
- Current member firm/s status (active/ closed)
- Whether in possession of a valid practising certificate
- Others : _____

Purpose of request: _____

MEMBER FIRMS (AUDIT/ NON-AUDIT FIRM)

Name of Firm: _____ Firm No: _____

Information on:

- Ownership (Sole Proprietor or Partnership)
- Address and contact numbers
- Whether registered with the Malaysian Institute of Accountants
- Current status (active or closed)
- Branch/es - address and contact numbers (if any)
- Associated firm - address (if any)
- Others: _____

Purpose of request: _____

SEARCH FEE

RM 15.00	Non-members of the Institute Commercial Firms Legal Firms
FOC	Members of the Institute Banks (for opening of an account and/or loan application)

IMPORTANT NOTES:

1. Use one Form for one (1) enquiry.
2. The Institute reserves the right to reject any application/s or limit the information provided.
3. Please enclose search fee (if applicable) together with this form.
4. An official letter will be issued in response to the search enquiry within 3 working days.

please turn to next page

To be completed by applicant

Details of Applicant:

Title: Mr/ Ms/ Madam etc: _____

Name : _____

Designation : _____

Company Name: _____

Address : _____

Tel. No : _____ HP No : _____

Fax No : _____

Email address : _____

Instruction for Addressee

Please address the confirmation letter to the following recipient: *(if different than applicant)*

Title: Mr/ Ms/ Madam etc: _____

Name : _____

Designation : _____

Company's Name: _____

Address : _____

Do you want MIA to mail the confirmation letter directly to the addressee as above? (Please tick one)

Yes and fax/ email copy to applicant

No mail to applicant only

I/ We hereby agree that the information requested by myself/ us shall not be utilised for commercial purposes or for purposes of creation of a data storage base and usage of such information provided by the Institute shall be strictly confined to the purpose of such request only.

Company's stamp:

Signature: _____

Date: _____